

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update for the  
Housing Authority of New Boston, Texas  
Annual Plan for Fiscal Year: *04/2001*

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** *Housing Authority of the City of New Boston*

**PHA Number:** *TX054*

**PHA Fiscal Year Beginning: (mm/yyyy)** *04/2001*

### PHA Plan Contact Information:

Name: *Cal Davis, Executive Director & Sabrina Rogers, The Nelrod Company*

Phone: *1-903-628-2951 & 1-817-922-9000*

TDD:

Email (if available): *nbha@aol.com & sabrina@nelrod.com*

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered:

☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

**Annual PHA Plan**  
**Fiscal Year 2001**  
 [24 CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Progress Statement – <b>TX054g01</b>	
Community Service Policy – <b>TX054h01</b>	
Pet Policy – <b>TX054i01</b>	

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

*The Housing Authority of the City of New Boston plans to continue its operations much the same as in the past contingent on continued Performance Funding dollars, Capital Fund availability and PHDEP funding.*

*We do, however, plan to submit an application for demolition of 10 units (TX054002) due to structural deterioration. Excessively high vacancies are being experienced due in part to loss of public housing residents to the Section 8 existing programs administered by the Ark-Tex COG and the Fair Housing Service Center. This loss and the lack of eligible/suitable applicants on our waiting list are indications that we do not need to replace the proposed demo units*

*We plan to continue the Bike Patrol program funded through PHDEP as it was warmly received by our residents and recognized throughout the community. Other PHDEP related activities will continue.*

*Although NBHA is a high performing, small PHA and exempt from many of the submissions required by this Plan, it has reinforced the need for long-range planning in all areas of operation, but particularly the Capital Fund Program. This planning, now begun, will receive more energy in the coming years.*

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

### ***Component 12-Community Service and Self-Sufficiency Programs –***

- *The PHA has adopted, has informed residents and is implementing the Community Service Policy*

### ***Component 14-Pet Policy –***

- *The PHA has adopted, has informed residents and is implementing the Community Service Policy*

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **307,996.00.**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment ***TX054c01***

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment ***TX054b01***

### 3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

#### 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: <b>Heath Courts II</b>
1b. Development (project) number: TX054002
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u><b>(08/01/01)</b></u>
5. Number of units affected: <b>10</b>
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input checked="" type="checkbox"/> Public housing for <b>10</b> units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: <b>11/01/01</b> b. Actual or projected start date of relocation activities: <b>05/01/01</b> c. Projected end date of activity: <b>03/01/02</b>

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program – *n/a***

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):



## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ 45,845.00.
- C. ☒ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☒ Yes ☐ No: The PHDEP Plan is attached at Attachment **TX054d01**

## 6. Other Information

[24 CFR Part 903.7 9 (r)]

### A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)  
*Residents agreed with the PHA Plan.*
3. In what manner did the PHA address those comments? (select all that apply)
  - ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included
    - ☐ Yes ☐ No: below or
    - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.
  - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
  - ☒ Other: (list below)  
*Residents had no comment to PHA Plan, therefore, PHA had no response.*

### B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) ***State of Texas***
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
    - A. Reduce public housing vacancies.***
    - B. Demolish or dispose of obsolete public housing.***
    - C. Pursue housing resources other than public housing or Section 8 tenants based assistance.***
  - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
- *Promote adequate affordable housing*
  - *Promote economic opportunity*
  - *Promote a suitable living environment without discrimination*
  -

### C. Criteria for Substantial Deviation and Significant Amendments

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

- *Any change to the Mission Statement;*
- *50% deletion from or addition to the goals and objectives as a whole; and*
- *50% or more decrease in the quantifiable measurement of any individual goal and objective.*

#### B. Significant Amendment or Modification to the Annual Plan:

- *Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;*
- *Any change in a policy or procedure that requires a regulatory 30-day pasting;*
- *Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and*
- *Any change inconsistent with the local, approved Consolidated Plan, in the discretion of the Executive Director.*

## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<b>X</b>	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>N/A – PHA is operating under Young v., Cuomo In regard to occupancy &amp; admission</b>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
<b>X</b>	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>X</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>X</b>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>N/A</b>	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>N/A</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<i>N/A</i>	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<i>X</i>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<i>X</i>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<i>X</i>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<i>N/A</i>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<i>N/A</i>	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<i>X</i>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<i>N/A</i>	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<i>X</i>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<i>X</i>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
<i>N/A</i>	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<i>X</i>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
<i>X</i>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<i>N/A</i>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<i>N/A</i>	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  Attachment TX054b01		<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  Attachment TX054b01		<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
24	Amount of line 20 Related to Energy Conservation Measures				









## Capital Fund Program 5-Year Action Plan

## Attachment TX054c01

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan					
<input type="checkbox"/> Original statement	<input type="checkbox"/> Revised statement				
Development Number	Development Name (or indicate PHA wide)				
Description of Needed Physical Improvements or Management Improvements				Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years					

## PHA Public Housing Drug Elimination Program Plan

### ATTACHMENT TX054d01

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

#### **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an “x”)**      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_ **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

#### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

#### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEP Target Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEP Target Area(s)</b>	<b>Total Population to be Served within the PHDEP Target Area(s)</b>

#### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

**Section 2: PHDEP Plan Goals and Budget****A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							



9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



**Required Attachment TX054e01: Resident Member on the PHA Governing Board**

1. ☐ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Required Attachment TX054f01: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

<b>PHA Name:</b> Housing Authority of the City of New Boston		<b>Grant Type and Number</b> Capital Fund Program: TX21PO5450101 Capital Fund Program: Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2001	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserved for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	30,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000.00			
10	1460 Dwelling Structures	100,000.00			
11	1465.1 Dwelling Equipment - Nonexpendable	40,000.00			
12	1470 Nondwelling Structures	45,000.00			
13	1475 Nondwelling Equipment	37,996.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	15,000.00			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	307,996.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				



**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of the City of New Boston		Grant Type and Number: Capital Fund Program #: TX21PO5450101 Capital Fund Program: Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Costs		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Administration:	1410		30,000.00				
	Staff pro-rated salaries, training & registration fees							
	Fees & Costs:	1430		20,000.00				
	Soil testing, architect & contractual fees							
	Dwelling Structures:	1460		100,000.00				
	Remodeling of Heath Court I interior							
	Dwelling Equipment:	1465.1		40,000.00				
	Refrigerators, stoves, water heaters							
	Non-Dwelling Structures:	1470		45,000.00				
	Management office repairS							
	Non-Dwelling Equipment	1475		37,996.00				
	Forklift, maintenance equipment							
	Relocation Costs	1495		15,000.00				
TX21PO54002	Site Improvements:	1450		20,000.00				
	Drainage, gutter, sidewalk improvements							
	Total			307,996.00				

## Part III: Implementation Schedule

[illegible]

## Capital Fund Program 5-Year Action Plan

Housing Authority of the City of New Boston

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original Statement <input type="checkbox"/> Revised Statement		
Development Number	Development Name (or indicate PHA wide)	
TX21P054	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Management Improvements:</b> Computer upgrades, system changes	7,996.00	2002
<b>Administration:</b> Pro-rated salaries, staff training, registration fees:	30,000.00	2002
(20% Executive Director, Coordinator/Maintenance Supervisor) (50% Coordinator/	-	2002
Grant and Planning Administrator)(10% all other, advertisements, etc.)	-	2002
<b>Fees &amp; Costs:</b> Architect and contractual fees, contingency	15,000.00	2002
<b>Non-Dwelling Structures:</b> Leveling/foundation repair - Administration Building	50,000.00	2002
<b>Relocation:</b>	10,000.00	2002
<b>Total 2002</b>	<b>112,996.00</b>	2002
<b>Management Improvements:</b> Conservation survey and study	27,000.00	2003
<b>Administration:</b> Pro-rated salaries, staff training, registration fees	30,000.00	2003
(20% Executive Director, Coordinator/Maintenance Supervisor) (50% Coordinator/	-	2003
Grant and Planning Administrator)(10% All other, advertisements)	-	2003
<b>Fees &amp; Costs:</b> A/E fees, planning, contingency, contractual fees	15,996.00	2003
<b>Dwelling Equipment:</b> Refrigerators and stoves	10,000.00	2003
<b>Non-Dwelling Equipment:</b> Upgrade copier, computers, office equipment, etc	140,000.00	2003
<b>Non-Dwelling Structures:</b> Remodel existing structures for storage	50,000.00	2003
<b>Site Improvements:</b> Landscaping, safety & security enhancements	35,000.00	2003
<b>Total 2003</b>	<b>307,996.00</b>	2003

## Capital Fund Program 5-Year Action Plan

Housing Authority of the City of New Boston

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal years.

Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original Statement <input type="checkbox"/> Revised Statement		
Development Number	Development Name (or indicate PHA wide)	
TX21P054	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Management Improvements:</b> Upgrading, training, equipment enhancement	25,000.00	2004
<b>Administration:</b> Pro-rated salaries, staff training, registration fees:	30,000.00	2004
(20% Executive Director, Coordinator/Maintenance Supervisor) (50% Coordinator,	-	2004
Grant and Planning Administrator)(10% All other, advertisements)	-	2004
<b>Fees &amp; Costs:</b> Architect and contractual fees, contingency	25,000.00	2004
<b>Dwelling Equipment:</b> Refrigerators and stoves	72,996.00	2004
<b>Non-Dwelling Structures:</b> Construct Residents' Learning Lab (TX21PO54001)	135,000.00	2004
<b>Non-Dwelling Equipment:</b> Lawnmowers, computers for Lab, vehicle	20,000.00	2004
<b>Total 2004</b>	<b>307,996.00</b>	2004
<b>Management Improvements:</b> Upgrading, management training	25,000.00	2005
<b>Administration:</b> Pro-rated salaries, staff training, registration fees:	30,000.00	2005
(20% Executive Director, Coordinator/Maintenance Supervisor) (50% Coordinator,	-	2005
Grant and Planning Administrator)(10% All other, advertisements)	-	2005
<b>Fees &amp; Costs:</b> A/E fees, planning, contingency, contractual fees	25,000.00	2005
<b>Dwelling Structures:</b> Remodeling interior of apartments	162,996.00	2005
<b>Dwelling Equipment:</b> Refrigerators and stoves	30,000.00	2005
<b>Relocation:</b>	30,000.00	2005
<b>Total 2005</b>	<b>302,996.00</b>	2005

## Capital Fund Program 5-Year Action Plan

Housing Authority of the City of New Boston

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal years.

Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original Statement <input type="checkbox"/> Revised Statement		
Development Number	Development Name (or indicate PHA wide)	
TX21P054-003	Oak Terrace	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Site Improvement:    Dirt work, sidewalk improvement & replacements	60,000.00	2002
Dwelling Structures: Re-roofing/repair - Special roofing	135,000.00	2002
<b>Total 2002</b>	<b>195,000.00</b>	
Total estimated cost over next 5 years		<b>390,000.00</b>

# Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

## Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

## Section 1: General Information/History

**A. Amount of PHDEP Grant \$** 45,845.00

**B. Eligibility type (Indicate with an "x")** N1 \_\_\_\_\_ N2 \_\_\_\_\_ R X \_\_\_\_\_

**C. FFY in which funding is requested** 2001

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

*The PHDEP Plan will continue to endorse the reimbursement of Law enforcement and resident activities for PHA youth. The PHDEP grant has provided a safer environment for residents. The Bicycle Patrol reduces criminal activities and promotes good relationships.*

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
AA (Oak Terrace, Link Homes, Heath Cts. I)	152	186
AB (Heath Courts II)	10	16
AC (Corley Homes)	50	90

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months \_\_\_\_\_ 18 Months XX \_\_\_\_\_ 24 Months \_\_\_\_\_

## G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date	
FY 1995						
FY 1996						
FY 1997						
FY1998	59,000.00	TX21DEP054198	0.00	N/A	12/1998	12/2000
FY 1999	43,988.00	TX21DEP054199	0.00	N/A	12/1999	12/2000

## Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

*There are currently two successful computer labs, it is hoped that this program continues on an on-going basis. A Learning Center and game room for after school activities and special programs has also been ongoing with wonderful accomplishments in reducing criminal activities in the juvenile target areas. Training has been implemented and requested to remain ongoing by the residents and their youth. The Resident Advisory Board and the Local Partnerships will be used in measuring the success of these programs. Sign in sheets and independent surveys are used for monitoring and evaluating PHDEP Funding Activities.*

### B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY <u>2001</u> PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	25,000.00
9115 - Special Initiatives	0.00
9116 - Gun Buyback TA match	0.00
9120 - Security Personnel	0.00
9130 - Employment of Investigators	0.00
9140 - Voluntary Tenant Patrol	0.00
9150 - Physical Improvements	0.00
9160 - Drug Prevention	0.00
9170 - Drug Intervention	0.00
9180 - Drug Treatment	0.00
9190 - Other Program Costs	20,845.00
<b>TOTAL PHDEP FUNDING</b>	<b>45,845.00</b>

## C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$ 25,000.00		
Goal(s)	Provide police presence, enhance communication & trust..						
Objectives	Increase safety & security						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1. Bike Patrol			01/01	6/30/02	25,000.00		Crime Index – PHDEP Survey
2.							
3.							

9115 – Special Initiatives					Total PHDEP Funding: \$ 0.00		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9116 – Gun Buyback TA Match					Total PHDEP Funding: \$ 0.00		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$ 0.00		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$ 0.00		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$ 0.00		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$ 20,845.00		
Goal(s)	To continue on-going activities						
Objectives	Increasing Resident participation						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1. Computer Lab/Learning Center			On-going	03/02	20,845.		Sign-in sheet/independent survey
2.							
3.							

# Housing Authority of the City of New Boston

## Required Attachment TX054e01: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

***Paul Bashum***

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): ***1/22/02***

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? ***n/a***

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: ***1/22/02***

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): ***Johnny Branson - Mayor***

## **Required Attachment TX054f01: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen)

*Pearl Toney*

*Tricia Thompson*

*Earsell Peace*

*Geneva Powell*

*Sandra Kindrix*

*Brenda Conry*

# **Community Service Policy**

for  
New Boston Housing Authority

## **I. INTRODUCTION**

Federally mandated community service is required for all qualified residents of public housing. Mandates found in Federal Register/Vol. 65, No. 61/Wednesday, March 29, 2000/Changes to Admission and Occupancy Requirements in Public Housing and Section 8 Housing Assistance Programs; Final Rule; Rules and Regulations; pages 16729-16730.

The New Boston Housing Authority has given the name of “Friendship Services” to the HUD community service requirements. This is simply a name addition and does not, in any way, change any of the requirements, criteria, eligibility, or exemptions of the mandated community service. Any activities under the name of Friendship Service apply to the requirements for community service. Any HUD mandated community service requirements are found in the Friendship Service program.

## **II. PARTICIPANTS / EXEMPTIONS**

All residents at New Boston Housing Authority shall be participants in the Friendship Service Program. Some exemptions from HUD Federal Register apply.

The following exemptions from the Friendship Services Program apply for residents at New Boston Housing Authority.

1. Elderly – 62 years or older
2. Adults with a disability or blindness and certifies to their inability to comply with requirements
3. Primary caretaker of a resident with disability
4. Employed
5. Welfare-to-Work program participants
6. Individuals participating in compliance with an approved self-sufficiency, self-improvement program
7. All minors (17 years old and younger)
8. Member of family participating and in compliance with receiving assistance, benefits, or services under a federal or state social security or other welfare program.

## **III. AUTHORIZED OPPORTUNITIES**

## Community Service Policy

All activities must be supervised by positional authority. All activities must be on a non-pay basis. Paid activities cannot be counted. Any activity must be approved by the NBHA Executive Director or Friendship Service Coordinator.

1. Supervised improvement of the physical environment
2. Volunteer work in a local:
  1. school
  2. church
  3. hospital
  4. community service organization
    1. Red Cross, Salvation Army, Randy Sam's Shelter, etc.
    2. Active in civic or community clubs (Kiwanis, Lions, etc.)
3. Working with local youth organizations:
  1. Scouting, 4-H, etc. programs
  2. Organized youth sports program
  3. Organized youth counseling
4. Special organized projects in neighborhoods
5. Participation in monitored self-sufficiency programs:
  1. Drug/alcohol abuse treatment
  2. Household budgeting and credit counseling
6. Volunteer work with elderly, ie: nursing home, etc.
7. Organized tutoring of a child or adult student
8. Participant in planning/coordinating NBHA resident activities
9. NBHA Learning Lab and resident children's activities
10. Other activities approved by the Executive Director/Friendship Service Coordinator

## IV. REPORTING

All qualified participants shall report on a monthly basis to the New Boston Housing Authority Friendship Service Coordinator. A Tracking Form for monthly activities shall be provided to all participants and shall be signed by authorized supervisors.

A Release Form shall be signed by all participants to release the Housing Authority, its directors and agents, and any participating community service agency and its directors and agents from all liability claims or demands against it which may arise as a result of any act or omission connected with the Friendship Service Program.

## V. NON-COMPLIANCE

Non-compliance by a member of the household may result in termination of the lease of the family. At annual recertification of the household, the non-compliant resident shall be required to make up

the delinquent hours of service within a reasonable amount of time not to exceed six months after the annual recertification, and must stay in compliance during the make-up time. If in the event the non-compliant person becomes exempted, he/she must still make up the delinquent amount of time within the same time frame.

If delinquency persists, the household lease will be terminated and the residents evicted through means deemed necessary by the Executive Director.

## **Friendship Services Release Form**

A Requirement of HUD's Community Service Program

I, \_\_\_\_\_, the undersigned hereby acknowledge that I am performing nonsalaried volunteer work for one or more eligible agencies selected by the New Boston Housing Authority to comply with the Friendship Services – a requirement of HUD's Community Service Program. In consideration of being allowed to perform said volunteer work, I do hereby fully release and discharge said New Boston Housing Authority, its directors and agents, as well as any eligible community service agency with which I am placed from any and all liability claims or demands against it which may arise as a result of any act or omission connected with my Friendship Service work.

I further understand that I am not covered by Workman's Compensation.

Community Service Policy

I further warrant that no promise, statement, or agreement not herein expressed, has been made to me and that I fully understand this instrument and execute same with full knowledge of its meaning, having first read it carefully.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Witness

**Friendship Services Self-Certification**

A Requirement of HUD's Community Service Program

I, \_\_\_\_\_, certify that I have a documented disability which, due to this disability, I am unable to comply with the Friendship Services requirement at the New Boston Housing Authority.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



Page \_\_\_\_

## Friendship Service Tracking Form

A Requirement of HUD's Community Service Program

Tenant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Re-exam: \_\_\_\_\_

Comments: \_\_\_\_\_

Date	Hours	Activity Description	Phone	Signature

## Community Service Policy

[illegible]